

STORAGE FACILITY REVIEW FOR 2003

NAME OF WAREHOUSE

RA

WAREHOUSE MANAGER

CONTACT

DATE OF REVIEW

REVIEWER MARSHA McGRAW

EMAIL ADDRESS ON FILE

FISCAL YEAR 2003

☐ DRY ☐ REFRIGERATED ☐ FREEZER

This form will be used to determine compliance with established program and food storage guidelines and the adequacy of physical storage to protect the quality and safety of the commodities.

Storage Facility

1. Are commodities kept 6" off the floor and stored on pallets, platforms or shelves? ☐ Y ☐ N ☐ NA
2. Are commodities stored at least 4" away from walls to allow proper ventilation and permit good air circulation and sufficient working aisles? ☐ Y ☐ N ☐ NA

Are storage free of uninsulated steam and hot water pipes, water heaters, refrigeration ☐ Y ☐ N ☐ NA

Condensing units or other heat producing devices? ☐ Y ☐ N ☐ NA

3. Actual reading of refrigeration ° ° ° °
 Actual reading of freezer ° ° ° °
 Actual reading of dry area ° ° ° °

Maintain temperature Log ☐ Y ☐ N If no, why? _____

4. How many times per day are readings taken? _____

- [illegible]

CURRENT PHYSICAL INVENTORY

PRODUCT	CASES
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PRODUCT	CASES
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